

IMMUNIZATION PROGRAM UPDATE

JUNE 2005

WORKING TOGETHER – IMMUNIZATION HIGHLIGHTS FROM THE PROGRAM MANAGER

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There is a lot going on! Many from Washington attended the National Immunization Conference (NIC) in Washington DC this spring and were able to share our work and learn about the work of others. CDC took that opportunity to share more about their efforts to standardize immunization work across the nation through the Vaccine Management Business

Improvement Project (VMBIP) to streamline vaccine distribution and efforts to standardize AFIX.

At the state Immunization Program, we are currently developing plans for how to implement new vaccines, working with the State Board of Health on vaccine requirements for school entry, completing follow-up and planning from the

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FOCUS ON THE FOURTH DTaP INITIATIVE LAUNCHES

The Fourth DTaP Initiative kicked off with a press conference and news release on May 3, 2005. Krista Armstrong from Buckley, Washington, spoke about how frightening it was when her infant son suffered from severe pertussis. She hopes her family's story will motivate other parents to ensure their children's immunizations are up-to-date. Western Washington television and statewide radio stations featured stories on the Initiative launch. Radio, TV, and newspaper public service announcements were distributed statewide – local health received information on media outlets in their area that received them. The Immunization Program will continue Fourth DTaP Initiative activities, including joint promotion activities with

Oregon in late summer, incorporating fourth DTaP information in back to school communications, and initiative evaluation. We will keep local health and other partners updated, and appreciate the

fourth DTaP work you do in your communities.

More information on the Fourth DTaP Initiative is available at: <http://www.doh.wa.gov/cfh/immunize/dtap.htm>.



Krista Armstrong and her son Cole, who had severe pertussis as an infant.

WHATEVER HAPPENED TO POLIO?

CELEBRATING THE 50TH ANNIVERSARY OF THE POLIO VACCINE



Many people today have no recollection of the fear shaped by polio and other vaccine preventable diseases that haunted previous generations. Polio was unstoppable for the first half of the 19th century, and continued into the 1950's – even after other infectious diseases were prevented or cured by immunizations, antibiotics, and improved sanitation. Children in braces, wheelchairs and on crutches with deformed legs or spines were a common sight. Nurses cared for polio patients in row after row of iron lungs. Terrified parents kept their children home, fearful of playgrounds, pools, and beaches where they might be exposed to polio.

On April 12, 1955, Dr. Thomas Francis of the University of Michigan's Polio Evaluation Center announced the new vaccine as "safe, effective and potent" in preventing polio, culminating more than 17 years of research.

In the days leading up to the vaccine's approval, children in communities across the United States participated in field trials as America's "Polio Pioneers."

Thousands of health care workers and lay people volunteered their time to assist with the largest vaccine field trials ever in United States history. Millions of Americans gave their dimes and dollars to the National Foundation for Infantile Paralysis, founded in 1938 by President Franklin D. Roosevelt, who was himself stricken with polio. This foundation continues today as the March of Dimes.

Although polio is eliminated from the United States and the Americas, the disease still exists in Asia and Africa – remaining only a plane ride away. The Global Polio Eradication Initiative, spearheaded by the World Health Organization, Rotary International, the CDC and UNICEF, began in 1988. That year, an estimated 350,000 children were paralyzed with polio worldwide; in 2004, polio cases had fallen to just over 1,200 cases globally. The Initiative's success will be a triumph of international cooperation, attesting to our ability to unite across borders and differences to conquer global public health issues.

However, elimination challenges continue – polio outbreaks have occurred this year in Nigeria, Yemen and Indonesia.

Since the introduction of polio vaccine, great strides have been made in significantly reducing the health impact of vaccine-preventable diseases on children and adults worldwide. We can now protect children from more than 12 vaccine prevent-

able diseases and disease rates have been reduced by 99% in the U.S. Yet, without diligent efforts to maintain immunization programs in the U.S. and strengthen them worldwide, diseases rarely seen over the last 50 years remain a threat.

Public health depends upon the partnership and continued work of private medical providers to ensure that we do not let our guard down against vaccine preventable diseases – many of which still occur in other countries. We know almost 25% of Washington children are not fully immunized, leaving them at risk for disease. Today's parents in the United States do not have memories of the diseases that past generations lived in fear of, and vaccine misinformation is easily accessible. Many great resources are available to help medical providers answer parent's tough questions – see our website for more information: <http://www.doh.wa.gov/cfh/immunize/formpubs.htm>.

ADDITIONAL POLIO INFORMATION

Smithsonian's National Museum of American History opened a year-long exhibit entitled "Whatever Happened to Polio". The exhibit tells the story of the polio epidemic in the U.S., the development of the vaccine, as well as current world efforts to stop polio transmission. More information can be found at <http://americanhistory.si.edu/polio/>.

There are an estimated 20 mil-

lion people worldwide with some degree of disability caused by poliomyelitis, including one million polio survivors in the United States. Post-Polio Health International has more information and resources:

<http://www.post-polio.org/index.html>.

CDC has polio vaccine anniversary information on their website at <http://www.cdc.gov/nip/events/polio-vacc-50th/>. The information includes timelines, background information, links to key organizations and general promotional materials.

CHILD PROFILE IMMUNIZATION REGISTRY WEB APPLICATION CELEBRATES FIRST BIRTHDAY

It's hard to believe, but a year has passed since the new CHILD Profile Immunization Registry web



application was introduced to Washington's public and private providers. If you are one of the users that follow the "version number" right above the Help Desk information, you have noticed constant change over the past year. "Bugs" have been fixed and new features have arrived...sometimes faster than you can keep up. So what's new, what have you noticed, and what would you like to see changed?

At provider request, high risk conditions can now be added on the **Patient Demographic** screen. The drop down list includes: asthma, cochlear implant, diabetes, immunosuppression, perinatal hepatitis B risk, respiratory syncytial virus (RSV), and sickle cell disease. Adding this information allows use of the **Report Module** to print out a list of **High Risk Patients**. **Reminder/Recall** can then be tailored to identify high risk patients needing immunizations. Contact CHILD Profile if you have suggestions of high risk conditions to be added to the existing list.

On the **Vaccination View/Add** page, don't skip over the benefits of the **Contraindications** or **Deferrals** buttons.

The **Contraindications** feature helps providers prepare for an AFIX visit. It is used to select a specific vaccine, including the dose number, and a reason why a patient did not receive that dose. If the contraindication is marked "permanent" in the check box, that vaccination is removed from the forecast for that patient. Users can print out a **Contraindication Report** under **Reports – State Reports**.

The contraindications section is the right place to record a patient's history of **varicella** disease, which is a contraindication for vaccination. Since varicella contraindication is common, you can include it or omit it from contraindication reports.

The **Deferrals** button can be used to defer an immunization for any reason, including a vaccine shortage. Identifying a patient deferral DOES NOT remove a vaccine from the child's forecast. Users can print a list of **Vaccine Deferrals** in the **Reports Module**. **Reminder/Recall** can be tailored to identify deferred vaccinations only.

Still on the **Vaccination View/Add** page, additional vaccines are available on the drop down lists. This helps providers record foreign vaccines like the DTP/IPV from France; the combination can be selected on the drop down menu. When the provider prints Certificate of Immunization Status (CIS)

forms, the CHILD Profile registry system will correctly separate those combination vaccines into the correct vaccine categories. Even vaccines that are used in research protocols and not yet on the market are available for providers participating in research studies. Check the drop down list for the current trial vaccine combinations MMR/Varicella or Hep B/Hib.

Let the **Forecast** be your guide – a strength of the CHILD Profile Immunization Registry. The ACIP recommendations are used to forecast needed immunizations for children in the registry. Even if a child is behind on shots and an accelerated schedule is needed, the forecast will help providers make decisions about immunizations past due or due now. Paying attention to the minimum valid date will help avoid giving shots too early.

Help is only a phone call away! The **CHILD Profile Help Desk** is available from 8:00 AM – 5:00 PM Monday – Friday, and we want your calls! Don't hesitate to call in for re-training, help with any challenge, or an explanation of new features. The **Help Desk** is a great place to start for advanced training for currently enrolled providers, or for demonstrations for providers who are not yet enrolled. The Help Desk can also provide the registry's new marketing brochure, "*CHILD Profile: Benefiting Your Practice, Benefiting*

Your Patients." The Help Desk can link you to CHILD Profile staff to participate in provider or coalition meetings in your county to help increase registry enrollment. Call the Help Desk statewide at 1-800-325-5599 or in King County at 206-205-4141.

Help us make the CHILD Profile Immunization Registry even better! As you use the registry features, let us know what works and what doesn't. Share information about which features you find most helpful. If you could change one thing about the registry, what would that be?

As of March 31, 2005, the CHILD Profile Immunization Registry celebrated a major achievement - 602 public and private provider sites enrolled for a total of 53% of provider sites statewide. That has only been possible with the non-stop help of local health departments. Your continued partnership will get us to our 2005 provider recruitment goal of 846 providers enrolled and participating.

You can count on more helpful registry features in the months to come. We welcome your suggestions for additions and improvements. CHILD Profile staff members are eager to work with you to recruit providers statewide and work together to deliver the best possible registry for all providers in Washington State.

NATIONAL IMMUNIZATION CONFERENCE

The National Immunization Conference took place March 21-24 in Washington D.C. Almost 1600 people from across the United States attended, including at least 15 from Washington State.

Multiple sessions were offered in six main topic areas:

- **Adult Immunization**
- **Epidemiology** (including surveillance, assessment, evaluation, CASA, National Immunization Survey, etc.)

- **Health Communications** (including education, health promotion, media, community outreach, etc.)
- **Immunization Registries**
- **Programmatic Issues** (including program operations, policy, funding, VFC, AFIX, managed care, etc.)
- **Vaccine Safety**

Even if you did not attend the conference, you can easily

access the presented information. Presentation recordings and slides are available on the CDC website at: http://cdc.confex.com/cdc/nic2005/techprogram/meeting_nic2005.htm.

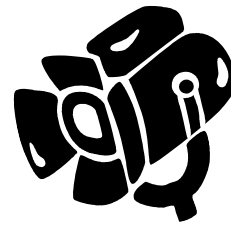
Plan ahead to attend next year's National Immunization Conference! It will be held March 6-9, 2006, at the Omni Hotel in Atlanta. Stay tuned for more information from the CDC this fall.

SPOTLIGHT ON LOCAL IMMUNIZATION PROGRAMS



David Bibus, Health Services Administrator of the PHSKC Immunization Section, receives one of two awards from Dr. Stephen Cochi, acting director of National Immunization Program.

Congratulations to Public Health Seattle and King County's (PHSKC) Immunization Program for winning two awards for high immunization rates from the CDC National Immunization Program! The awards were presented during the National Immunization Conference. PHSKC received the Coverage Award for achieving an 84.4 percent coverage rate for the basic immunization series among two year olds in 2003; and the Improvement Award for improving immunization coverage among children by 17.2 percent since 2000.



Want to spotlight your local immunization work in the next Immunization Update? Contact Michele Perrin at (360) 236-3720 or michele.perrin@doh.wa.gov.

Feel free to reprint any articles for your newsletters and provider outreach. If you need the Microsoft Word file, contact Michele Perrin at (360) 236-3720 or michele.perrin@doh.wa.gov

KITSAP COUNTY WIC/IMMUNIZATION RECORD ROUND-UP

From August through October 2004, Kitsap County Health District (KCHD) partnered with the local WIC service provider, Kitsap Community Resources (KCR), to collect immunization records from WIC clients and enter them into the CHILD Profile Immunization Registry.

KCR collected and copied immunization records from three WIC sites: Bremerton; Port Orchard and Silverdale. They offered a \$5.00 Wal-Mart gift card as an incentive for each record collected.

KCHD entered the record data into the registry. They also provided an immunization nurse one day per month at each WIC site to evaluate immunization records and offer

vaccines to children who were behind. Children receiving vaccines received a \$5.00 gift card to Toys R Us for updating their record.

The project produced great results:

- Total immunization records collected from WIC: 1,087
- Total individual vaccines added to the registry: 5,184
- RN consultations at WIC sites: 28 clients from August – October, 2004
- 19 of the 28 children received vaccinations; each child received 5-6 vaccines simultaneously to bring them up-to-date
- 15 of the 19 children were between 2 months and 2

years of age

- Many families were in transition: relocation from another city or state, or change in insurance or employment that affected their medical home.

WIC is an excellent location for outreach to young parents: to collect immunization records to populate the CHILD Profile Immunization Registry, to educate about vaccine preventable diseases and the importance of immunizing their children, to vaccinate children, and to give referrals to local medical insurance and immunization providers.

SUBMITTED BY JANET KAUZLARICH, KITSAP COUNTY HEALTH DEPARTMENT.

STATEWIDE IMPROVEMENT IN PERINATAL HEPATITIS B PREVENTION EFFORTS

Of the approximately four million births in the U.S. each year, an estimated 20,000 occur to women infected with the hepatitis B virus (HBV). Unless these infants receive appropriate post-exposure prophylaxis, transmission of HBV results in up to 90% of these infants. Of those infected, 90% will become chronic carriers. Almost 25% of the infants who become chronically infected will die from liver cancer or cirrhosis, usually as adults.

Washington State is considered a high incidence state for peri-

natal hepatitis B because of the relatively high population of Asian and Pacific Island decent – groups that have a high prevalence of chronic HBV infection. The Centers for Disease Control and Prevention (CDC) estimates that 432 births to hepatitis B positive women are expected in Washington each year.

Hepatitis B vaccination is the most effective way to prevent HBV infection. Perinatal transmission of HBV can usually be prevented if hepatitis B surface antigen (HBsAg) positive preg-

nant women are identified *and* their infants receive appropriate post-exposure prophylaxis. CDC recommends testing all pregnant women for HBV early in pregnancy. Hepatitis B vaccination of all infants reduces the risk for perinatal infection in infants whose mothers' status is either unknown or incorrectly documented at delivery. Once a person is infected with HBV, hepatitis B vaccine is of no benefit.

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SPRING TETANUS AWARENESS CAMPAIGN 2005

CDC studies show that more than half of adults age 20 years and older are not protected against tetanus and diphtheria, both potentially fatal diseases.

The Immunization Action Coalition of Washington (IACW) continues for a second year with a pharmacy-based health education campaign to increase tetanus-diphtheria (Td) immunization in Wash-

ington State. The campaign encourages adults to stay up-to-date with a booster vaccine every 10 years.

IACW distributed Td immunization shelf flyers, posters and brochures to pharmacies statewide. All materials remind customers about the risk factors for Td. Local health departments recently received a packet of these materials – we hope they

support local Td promotion and vaccination efforts.

Grocery store and other local pharmacies are a great venue for Td education and vaccination. Most currently offer vaccinations, including Td, making it easy for adults to keep their immunizations current without the need for a doctor visit. IACW encourages pharmacies to display the educational materials to

increase awareness about tetanus and diphtheria risk factors and to stock enough vaccine to support increased Td boosters.

Questions about this campaign can be directed to Tom Kimzey, Adult Immunization Coordinator at tom.kimzey@doh.wa.gov. To order additional materials, please contact Ginny Heller at 206-830-5168 or ginnyh@hmbwa.org.

ADDITIONAL Td RESOURCES

The National Foundation for Infectious Disease released a new brochure, "Vaccinate Before you Renovate," promoting the importance of tetanus boosters for adults.

Two other brochures are also available, "Get the Dirt on Tetanus" and "Rusty Nail." All are available at: <http://www.nfid.org/powerof10/section1/pamphlet.html>.

VARICELLA UPDATE

The State Board of Health is currently considering a school entry requirement for varicella vaccine. A decision is expected at their July 13, 2005 meeting. A draft of the rule revision language will be broadly distributed in early

June for public comment. If you have questions, please call Ruth McDougall at 360-236-3760 (office) or 206-300-7951 (cell).

In preparation for a new requirement, the Immunization Program encourages

schools, childcare, and providers to document history of disease and vaccination on the Certificate of Immunization Status form and in the CHILD Profile Immunization Registry; and update school and childcare computer sys-

tems to correctly track history of disease. Parental report of childhood disease is sufficient; titers are not required. If the history of disease is questionable, the child should be vaccinated.

NEW ACIP MENINGOCOCCAL RECOMMENDATIONS

On May 27, 2005 CDC published "Prevention and Control of Meningococcal Disease." This report discusses the Advisory Committee on Immuni-

zation Practices (ACIP) recommendations for the new meningococcal conjugate vaccine, updates previous reports from ACIP concerning prevention and

control of meningococcal disease, and provides updated recommendations regarding use of the meningococcal polysaccharide vaccine and on

antimicrobial chemoprophylaxis

It is available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm>.

NEW VACCINE ADVERSE EVENTS REPORTING SYSTEM WEBSITE

The Vaccine Adverse Events Reporting System (VAERS) has a new website: <http://vaers.hhs.gov/>. VAERS is a national program that monitors the safety of vaccines after they are licensed.

The VAERS website allows direct web-based reporting of vaccine adverse events by

healthcare providers, local health jurisdictions and the public. Individuals and/or their healthcare providers may be contacted by VAERS representatives for follow-up information.

VAERS reporting forms can also be downloaded from the VAERS website, or ordered by

sending an e-mail to immune-materials@doh.wa.gov. The Immunization Program website www.doh.wa.gov/cfh/immunize also provides a link to VAERS. Reports can still be sent to the Immunization Program. For more information, contact Claire Norby at (360) 236-3565 or claire.norby@doh.wa.gov.

MATERIAL UPDATES

Did you know that you can order free immunization materials from the Immunization Program? Do immunization providers in your communities know about this resource? Available materials include everything from parent fact sheets to Vaccine Information Statements to reminder recall cards. Visit the Forms and Materials page on our website to view materials and find ordering information: http://www.doh.wa.gov/cfh/Immunize/form_pubs.htm.

New or updated materials include:

Is Your Child Protected? Immunization Flyer – this is the updated CHILD Profile “Is Your Baby Protected?” flyer and reflects the 2005 recommended childhood and adolescent immunization schedule. It provides a parent friendly overview of the schedule and basic immunization information.

4th DTaP Initiative Materials – materials for parents and

providers are now available and include: Laminated provider tip sheet, provider fact sheet, posters in English and Spanish, and parent fact sheets in English and Spanish.

Reminder recall cards – the reminder recall postcard has been reformatted to be HIPAA compliant. Providers can use them in conjunction with the reminder/recall functions in the CHILD Profile Immunization Registry.

Visit the Forms and Materials page on our website to view materials and find ordering information

TRAINING UPDATE

IMMUNIZATION COALITION TRAINING AVAILABLE

Are you a member of an immunization coalition? Do you coordinate an immunization coalition? Are you considering starting an immunization coalition? Free technical assistance and

training is available, including monthly training conference calls. To learn more visit:

<http://www.izcoalitionsta.org/>.

FREE CDC TRAINING OPPORTUNITIES

New Immunization Training – Immunization: You Call the Shots

CDC released the first module of a new web-based training program, *Immunization – You Call the Shots*. The module entitled, *Understanding the Basics: General Recommendations on Immunization*, provides an

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overview of the basic concepts of immunity, the general rules of immunization, and contraindications and precautions. It is the first module in a 13-module, interactive series covering all aspects of immunization, for new and experienced immunization providers. The course is available free of charge on the CDC website at <http://www.cdc.gov/nip/ed/youcalltheshots.htm>.

Continuing education credits are offered for various health professions, including physicians, nurses, and health educators.

New Comprehensive Vaccine Storage and Handling Toolkit

A vaccine storage and handling resource and toolkit is now available from CDC. The Toolkit features 11 chapters of information, numerous online resources, and two videos: *How to Protect Your Vaccine Supply* and *10 Top Vaccine Storage and Handling Errors*. To access the toolkit, go to:

<http://www2a.cdc.gov/nip/isd/shtoolkit/splash.html>

Epidemiology and Prevention of Vaccine Preventable

Diseases

You can still view the February and March *Epidemiology and Prevention of Vaccine Preventable Diseases* four-part series on the internet at <http://www.phppo.cdc.gov/PHTN/webcast/epv04/default.asp>.

You may also borrow videotape copies from the Washington Public Health Training Network at <http://www3.doh.wa.gov/waphtn/libport.asp>, or the Immunization Program can provide copies.

UPCOMING EVENTS

JULY NETCONFERENCE

CDC's next quarterly netconference, *Current Issues in Immunization* is July 14, 2005. Net-Conferences are live, 1-hour presentations combining an online visual presentation with simultaneous audio via telephone conference call. Participants can interact with the presenters through a live question and answer segment at the end of the program. Each Netconference focuses on one or two late-breaking issues in immunization. To learn more and reserve a space, visit <http://www.cdc.gov/nip/ed/netconference.htm>.

IACW MEETING

The Immunization Action Coalition of Washington's (IACW)

next meeting is Wednesday July 20, 2005, in Shoreline, Washington. This is a great way to network with immunization colleagues from around the state and to be involved with statewide immunization activities. For more information and for travel questions, contact Ginny Heller at 206-830-5168 or ginnyh@hmbwa.org.

IMMUNIZATION UPDATE CDC BROADCAST

Mark your calendars for the next CDC Immunization Update from 9:00 to 11:30 am on July 28, 2005!

This live satellite broadcast and webcast provides the

most current immunization information. Anticipated topics include new recommendations for influenza vaccine and an update of the influenza vaccine supply, meningococcal conjugate vaccine, acellular pertussis vaccine for adolescents, and revised varicella vaccine recommendations. Public and private immunization providers are encouraged to participate.

Registration for Washington viewing sites is at <http://www3.doh.wa.gov/waphtn/broadcast.asp>. Web viewing information is available at: <http://www.phppo.cdc.gov/PHTN/webcast/immup2005/>.

UPCOMING EVENTS, CONTINUED FROM PAGE 8

Continuing Education will be available by registering and completing an evaluation found at <http://www.phppo.cdc.gov/phtnonline>.

NATIONAL IMMUNIZATION AWARENESS MONTH

August is National Immuniza-

tion Awareness Month and the perfect time to organize an immunization event. Parents are enrolling their children in school, students are entering college, and health care workers are preparing for the upcoming flu season.

Consider an event focusing on the 4th DTaP Initiative –

materials are available at:

<http://www.doh.wa.gov/cfh/Immunize/dtap.htm>. CDC also has National Immunization Awareness Month materials available at: <http://www.cdc.gov/nip/events/niam/>.

STATEWIDE IMPROVEMENT IN PERINATAL HEPATITIS B PREVENTION EFFORTS, CONTINUED FROM PAGE 5

CASE MANAGEMENT AND ASSESSMENT

In Washington State, only 60% of the CDC estimated births to HBsAg-positive women are reported by providers and connected with case management services. Local health perinatal hepatitis B coordinators work diligently to advance hepatitis B prevention through case management services. These ongoing efforts to screen and report HBsAg positive pregnant women assist in identification of pregnant women with hepatitis B and assure disease prevention for

infants and family members.

Highlights from Washington perinatal hepatitis B prevention efforts from 2000-2003 include:

- Reports of infants born to HBsAg-positive women increased 23% from 2002 to 2003.
- In 2003, 98% of reported newborns received Hepatitis B Immunoglobulin (HBIG) and dose one of Hepatitis B vaccine within 24 hours of birth.
- The percent of infants re-

ceiving HBIG and Hepatitis B vaccine dose three by 12 months remained constant at 88%.

Additional information on perinatal hepatitis B, including annual hepatitis B state reports, is available on the Immunization Program website at: <http://www.doh.wa.gov/cfh/Immunize/hepatitis-prevention.htm#Perinatal>

You can also contact Shana Johnny for more information at 360-236-3698 or shana.johnny@doh.wa.gov.

WORKING TOGETHER – IMMUNIZATION HIGHLIGHTS FROM THE PROGRAM MANAGER, CONTINUED FROM PAGE 1

2005 legislative session (and planning for the next session!), developing budget projections and objectives, and maintaining day-to-day operations in our work with all of you. Most days, it seems like a whirlwind of activity.

I feel very proud and impressed with the dedication and work you all do. It was great that Public Health Seattle and King County received recognition for their work at NIC (see the article in this issue). Thank you all for the great

work you do each and every day to keep Washington immunized!



Janna Bardi
Program Manager